

Billing Code: 4163-18-P

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

**Enhancement of Palliative Care Tuberculosis (TB)/Human
Immunodeficiency Virus (HIV) Collaboration in the United
Republic of Tanzania under the President's Emergency Plan
for AIDS Relief**

Announcement Type: New

Funding Opportunity Number: CDC-RFA-AA083

Catalog of Federal Domestic Assistance Number: 93.067

Key Date:

Application Deadline: September 12, 2005

I. Funding Opportunity Description

Authority: This program is authorized under Sections 301(a) and 307 of the Public Health Service Act [42 U.S.C. Sections 241 and 242l], as amended, and under Public Law 108-25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [U.S.C. 7601].

Background: President Bush's Emergency Plan for AIDS Relief has called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The initiative

aims to treat more than two million HIV-infected people with effective combination anti-retroviral therapy by 2008; care for ten million HIV-infected and affected persons, including those orphaned by HIV/AIDS, by 2008; and prevent seven million infections by 2010, with a focus on 15 priority countries, including 12 in sub-Saharan Africa. The five-year strategy for the Emergency Plan is available at the following Internet address:

<http://www.state.gov/s/gac/rl/or/cl1652.htm>

Over the same time period, as part of a collective national response, the Emergency Plan goals specific to Tanzania are to treat at least 150,000 HIV-infected individuals and care for 750,000 HIV-affected individuals, including orphans.

The Tanzanian National Health Sector Strategy (HSS) on HIV/AIDS, the Tanzanian National Care and Treatment Plan (NCTP) and the five-year United States Government (USG) strategy for the President's Emergency Plan, all identify TB clinic settings as entry points for enrollment of HIV/AIDS patients eligible for anti-retroviral (ARV) treatment. Routine (clinic-based) diagnostic HIV counseling and testing (DCT) provide an opportunity to rapidly scale up ARV treatment in Tanzania. The National

Tuberculosis and Leprosy Program (NTLP) report that 40 percent to 70 percent of TB patients are HIV-positive. Most of these patients are currently eligible for ARV treatment according to the NCTP criteria. A TB/HIV collaboration of activities could provide treatment to 150,000 and care to 750,000 people in Tanzania, and thus contribute to the numerical goals of the President's Emergency Plan to prevent at least seven million new HIV infections; to put two million people on ARV treatment; and to provide care for 10 million people, including orphans.

The Tanzanian HSS on HIV/AIDS recognizes that TB is the leading cause of death among people living with HIV/AIDS (PLWHA). Approximately 12 million of the 36 million people infected with HIV worldwide at the end of 2000 were co-infected with TB. More than 70 percent of PLWHA co-infected with TB live in sub-Saharan Africa. In Tanzania, approximately 50 percent of TB patients are co-infected with the HIV virus.

Despite the obvious, close relationship between TB and HIV, TB programs have focused on TB case-finding and treatment, and paid little attention to HIV/AIDS interventions. Similarly, although TB is the leading cause of HIV-related

morbidity, and mortality, HIV/AIDS programs have generally paid little attention to TB. As a result, NTLP and the Tanzanian National AIDS Control Program (NACP) have operated as distinct vertical programs of the Ministry of Health (MOH). The NTLP focuses on Directly Observed Therapy, Short-Course (DOTS) programs for TB patients without concern for patients' access to confidential HIV counseling and testing (CT) services at DOTS sites. Similarly, persons who seek out confidential voluntary counseling and testing (VCT) in Tanzania today are not screened for or informed about, TB. HIV/AIDS patients are not screened for TB, except when they present obvious symptoms. Integration of TB and HIV/AIDS services will be an entirely new approach for Tanzania.

The World Health Organization (WHO) Secretariat has developed an expanded strategy to decrease the burden of HIV-related TB, which requires close collaboration between TB and HIV programs. This strategy is comprised of interventions against TB, including intensified case-finding, curative treatments and preventive treatment, as well as interventions against HIV. The latter includes counseling to decrease risky sexual behavior, the provision of condoms to populations that engage in high-risk

behavior, treatment of STDs, and the provision of highly active anti-retroviral therapy (HAART). The Tanzanian Government initiated collaborative TB/HIV activities through the support of the WHO and the Global Fund to Fight AIDS, TB and Malaria in 2001. A pilot project is ongoing in Iringa, Korogwe, and Muheza districts to test this strategy, where the Tanzanian NTLP and the NACP are currently implementing TB/HIV activities. The two programs have trained health care providers in the management of patients and monitoring and evaluation of the program. The program will expand to 45 districts where the President's Emergency Plan is expanding access to ART.

The Tanzanian MOH/NTLP, through a two-year program¹ supported by the Global Fund, the WHO and the U.S. Government, will implement and scale up comprehensive TB/HIV care, and support the integration of HIV/AIDS interventions with TB care in Tanzania mainland and on the island of Zanzibar. This announcement will support a continuum of care for TB patients and PLWHA, with cross-referrals between CT and TB treatment clinics.

¹ The Global Fund Board of Directors approves grants with programmatic horizons of five years, but authorizes funding for an initial two-year period. Subsequent funding for each grant is contingent upon demonstrating sufficient progress against measurable indicators.

Purpose: The purpose of funding this program is to support the efforts to increase and build the capacity of health care workers in Tanzania and Zanzibar in the early diagnosis and treatment of TB and/or HIV in co-infected patients by building upon the existing framework of health policy and programming the NTLP has itself initiated. The Government of the United Republic of Tanzania has mandated the NTLP to coordinate and implement activities necessary for the control of TB and leprosy, including HIV/AIDS among TB patients. The NTLP also has the technical ability to oversee the project, by ensuring the activities implemented are integrated into the national strategy for TB and leprosy in Tanzania.

Measurable outcomes of the program will be in alignment with the numerical goals of the President's Emergency Plan for AIDS Relief and one (or more) of the following performance goal(s) for the National Center of HIV, STD, and TB Prevention (NCHSTP) of the Centers for Disease Control and Prevention (CDC) within HHS: By 2010, work with other countries, international organizations, the U.S. Department of State, U.S. Agency for International Development (USAID), and other partners to achieve the United Nations General Assembly Special Session on HIV/AIDS

goal of reducing prevalence among persons 15 to 24 years of age, reduce HIV transmission, and improve care of persons living with HIV.

This announcement is only for non-research activities supported by HHS/CDC. If applicants propose research, HHS/CDC will not review the application. For the definition of "research", please see the HHS/CDC web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>

Activities:

Awardee activities for this program are as follows:

1. Strengthen the capacity of Tanzanian health care professionals in the public and private sectors to identify and care for HIV and TB co-infected patients.
2. Strengthen the delivery of integrated HIV and TB services in ART expansion sites within 45 districts of Tanzania and Zanzibar.
3. Develop and broadly disseminate TB/HIV policy, guidelines, and protocols, including in local languages.
4. Establish surveillance of HIV in TB patients in nine regions of Tanzania, including Zanzibar.

5. Mobilize Tanzanian communities, including faith-based organizations, to participate and support people with TB and diagnosed with HIV.
6. Develop public/private networks/linkages and referral systems for care and support of TB patients diagnosed with HIV in Tanzania, including Zanzibar.
7. Address the human resources gap needed to more effectively coordinate TB/HIV activities by training doctors, nurses and community health workers in local languages to diagnose and care for people co-infected with both diseases.

Administration

Winning applicants must comply with all HHS management requirements for meeting participation and progress and financial reporting for this cooperative agreement. (See HHS Activities and Reporting sections below for details.) Winning applicants must comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

In a cooperative agreement, HHS staff is substantially involved in the program activities, above and beyond routine grant monitoring.

HHS Activities for this program are as follows:

1. Collaborate with the applicant, the Tanzanian and Zanzibar MOH and other in-country non-governmental and international partners, including faith-based organizations, in the development of plans for strengthening the capacity of public and private health care professionals to identify and care for HIV and TB co-infected patients.
2. Provide technical assistance with the delivery of integrated HIV and TB care in ART expansion sites within 45 districts in Tanzania and Zanzibar; the development and dissemination of TB/HIV policy, guidelines, and protocols in local languages; and the establishment of surveillance for HIV and TB co-infection in patients in nine regions of Tanzania, including Zanzibar.
3. Provide consultation and scientific and technical assistance based on the *HHS/CDC Global AIDS Program Technical Strategies* document and guidelines produced or established by the Office of the U.S. Global AIDS Coordinator to promote the use of best practices known at the time.
4. Facilitate in-country planning and review meetings for ensuring coordination of country-based program technical assistance activities.

5. Act as liaison in coordinating activities, as required, between the applicant and other non-governmental organizations (NGOs), entities of the Government of the United Republic of Tanzania, and other Emergency Plan partners.

HHS staff can directly provide technical assistance and training, or do so through organizations that have successfully competed for funding under a separate HHS contract.

II. Award Information

Type of Award: Cooperative Agreement.

HHS involvement in this program is listed in the Activities Section above.

Fiscal Year Funds: 2005

Approximate Total Funding: \$6 million (This amount is an estimate, and is subject to availability of funds.)

Approximate Number of Awards: One

Approximate Average Award: \$1.2 million (This amount is for the first 12-month budget period, and includes direct costs).

Floor of Award Range: None

Ceiling of Award Range: \$1.2 million (This amount is for the first 12-month budget period, and includes direct costs).

Anticipated Award Date: September 15, 2005

Budget Period Length: 12 months

Project Period Length: Five years

Throughout the project period, HHS' commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal Government, as determined by the annual review and approval of Country Operational Plans, managed by the U.S. Global AIDS Coordinator.

III. Eligibility Information

III.1. Eligible applicants

Assistance will only be provided to the National Tuberculosis and Leprosy Program (NTLP) of the Ministry of Health of the United Republic of Tanzania. No other applications are solicited.

The NTLP is currently the only appropriate and qualified organization in mainland Tanzania and Zanzibar to conduct a

specific set of activities to enhance palliative care TB/HIV collaboration in the United Republic of Tanzania. The NTLP has implemented the DOTS strategy since the early 1980's. The DOTS program currently provides national coverage, and is a well-functioning TB-control program with high government and international commitment, which allows the NTLP to immediately become engaged in the activities listed in this announcement.

The NTLP is uniquely positioned, in terms of legal authority and support from the Government of the United Republic of Tanzania, and has the ability and credibility among Tanzanian citizens to coordinate the implementation of initiatives for TB, HIV/AIDS prevention, care and treatment services in Tanzania and Zanzibar.

III.2. Cost-Sharing or Matching Funds

Matching funds are not required for this program.

III.3. Other

HHS will accept and review an application with a budget greater than the ceiling of the award range.

Special Requirements:

If your application is incomplete or non-responsive to the special requirements listed in this section, it will not enter into the review process. We will notify you that your applicant did not meet submission requirements.

- HHS/CDC will consider late applications non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

IV. Application and Submission Information

IV.1. Address to Request Application Package

To apply for this funding opportunity use application form PHS 5161-1.

Electronic Submission:

HHS strongly encourages you to submit your application electronically by using the forms and instructions posted for this announcement on www.Grants.gov, the official Federal agency wide E-grant Web site. Only applicants who

apply on-line are permitted to forego paper copy submission of all application forms.

Paper Submission:

Application forms and instructions are available on the HHS/CDC Web site, at the following Internet address:

www.cdc.gov/od/pgo/forminfo.htm

If you do not have access to the Internet, or if there is difficulty accessing the forms on-line, you may contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at: 770-488-2700. We can mail application forms to you.

IV.2. Content and Form of Submission

Application: You must submit a project narrative with the application forms. You must submit the narrative in the following format:

- Maximum number of pages: 35. If your narrative exceeds the page limit, we will only review the first pages within the page limit.
- Font size: 12 point unreduced
- Double spaced
- Paper size: 8.5 by 11 inches

- Page margin size: One inch
- Printed only on one side of page
- Held together only by rubber bands or metal clips; not bound in any other way.
- Your application MUST be submitted in English.

The narrative should address activities to be conducted over the entire project period, and must include the following items in the order listed:

1. Executive Summary

Provide a clear and concise summary of proposed goals, major objectives and activities required for achievement of program goals; and the amount of funding requested for budget year one of this cooperative agreement.

2. Needs Assessment and Capacity

Describe the documented need for the proposed and current activities, provide proof of relevant experience and expertise to perform the proposed activities; and demonstrate collaborative relationships with other agencies and organizations that will be involved in the proposed activities.

3. Year One Operational and Evaluation Plan

Provide specific, measurable, and time-phased year one objectives for each proposed project, the specific activities proposed to achieve the year one objectives, and a projected timetable for completion that displays dates for the accomplishment of tasks and identifies responsible parties. For each year one objective, specify how achievement will be measured and documented.

4. Five-Year Plan

Describe realistic five-year goals and measurable, time-phased objectives for each proposed project; the major activities to achieve each objective; plans for collaboration with partners, including the CDC; and the evaluation process that will be used to determine effectiveness and initiate modifications as needed.

5. Management and Staffing Plan

Describe how the program will be effectively managed. Include the following:

- a. Management structure, including the lines of authority and plans for fiscal control.

- b. The staff positions responsible for implementation of the program.
- c. Qualifications and experience of the designated staff.

6. Budget and Justification

Provide a detailed budget request and line item justification for budget year one that is consistent with the purpose of the program and the proposed objectives and activities.

The budget and budget justification will not be counted in the page limit stated above.

You may include additional information in the application appendices. The appendices will not count toward the narrative page limit. This additional information includes the following:

- Budget and budget justification
- Curriculum Vitas or Resumes
- Organizational Charts
- Letters of Support

You must have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative

agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, access www.dunandbradstreet.com or call 1-866-705-5711.

For more information, see the HHS/CDC Web site at:

<http://www.cdc.gov/od/pgo/funding/grantmain.htm>.

If your application form does not have a DUNS number field, please write the DUNS number at the top of the first page of the application, and/or include the DUNS number in your application cover letter.

Additional requirements that could require you to submit additional documentation with the application are listed in section "VI.2. Administrative and National Policy Requirements."

IV.3. Submission Dates and Times

Application Deadline Date: September 12, 2005

Explanation of Deadlines: Applications must be received in the HHS/CDC Procurement and Grants Office by 4:00 p.m.

Eastern Time on the deadline date.

You may submit applications electronically at

www.grants.gov. We consider applications completed on-line

through Grants.gov as formally submitted when the applicant organization's Authorizing Official electronically submits the application to www.grants.gov. We will consider electronic applications as having met the deadline if the applicant organization's Authorizing Official has submitted the application electronically to Grants.gov on or before the deadline date and time.

If you submit your application electronically through Grants.gov (<http://www.grants.gov>), your application will be electronically time/date stamped, which will serve as receipt of submission. Applicants will receive an e-mail notice of receipt when HHS/CDC receives the application.

If you submit your application by the United States Postal Service or commercial delivery service, you must ensure that the carrier will be able to guarantee delivery by the closing date and time. If HHS/CDC receives the submission after the closing date because: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, you will have the opportunity to submit documentation of the carrier's guarantee. If the documentation verifies a carrier problem, HHS/CDC will

consider the submission as having been received by the deadline.

If you submit a hard copy application, HHS/CDC will not notify you upon receipt of the submission. If you have a question on the receipt of the application, first contact your courier. If you still have a question, contact the PGO-TIM staff at (770)488-2700. Before calling, please wait two to three days after the submission deadline before calling. This will allow time for us to process and log submissions.

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions. If your submission does not meet the deadline above, it will not be eligible for review, and we will discard it. We will notify you that you did not meet the submission requirements.

IV.4. Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

IV.5. Funding Restrictions

Restrictions, which you must take into account while writing your budget, are as follows:

- Funds may not be used for research.
- Reimbursement of pre-award costs is not allowed.
- Funds may not be used for any new construction.
- Antiretroviral drugs - the purchase of ARVs, reagents, and laboratory equipment for antiretroviral treatment projects require pre-approval from HHS/CDC officials.
- Needle exchange - No funds appropriated under this solicitation shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased if deemed necessary to accomplish program objectives; however, prior approval by HHS/CDC officials must be requested in writing.
- All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made, HHS/CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.

- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- The applicant may contract with other organizations under this program; however, the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required).
- You must obtain an annual audit of these HHS/CDC funds (program-specific audit) by a U.S.-based audit firm with international branches and current licensure/authority in-country, and in accordance with International Accounting Standard(s) or equivalent standard (s) approved in writing by HHS/CDC.
- A fiscal Recipient Capability Assessment may be required, prior to or post award, in order to review

the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

Prostitution and Related Activities

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document ("recipient") cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

A recipient that is otherwise eligible to receive funds in connection with this document to prevent,

treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any "exempt organizations" (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

- Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. § 7102(9).

All recipients must insert provisions implementing the applicable parts of this section, "Prostitution and Related Activities," in all subagreements under this award. These provisions must be express terms and conditions of the sub-agreement, must acknowledge that compliance with this section, "Prostitution and Related Activities," is a prerequisite to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

All prime recipients that receive U.S. Government funds ("prime recipients") in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., "[Prime recipient's name] certifies compliance with the section, 'Prostitution and Related Activities.'") addressed to the agency's grants officer. Such certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, "Prostitution and Related Activities," is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The recipient shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the recipient has not complied with this section, "Prostitution and Related Activities."

You may find guidance for completing the budget on the HHS/CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

IV.6. Other Submission Requirements

Application Submission Address:

Electronic Submission:

HHS/CDC strongly encourages you to submit applications electronically at www.Grants.gov. You will be able to download a copy of the application package from www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov Web site. We will not accept e-mail submissions. If you are having technical difficulties in Grants.gov, you may reach them by e-mail at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that you submit your application to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of the application. We must receive any such paper submission in accordance with the

requirements for timely submission detailed in Section IV.3. of the grant announcement.

You must clearly mark the paper submission: "BACK-UP FOR ELECTRONIC SUBMISSION."

The paper submission must conform to all requirements for non-electronic submissions. If we receive both electronic and back-up paper submissions by the deadline, we will consider the electronic version the official submission.

We strongly recommended that you submit the grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, a PDF file may be submitted. You may find directions for creating PDF files on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF could make your file unreadable for our staff.

OR

Paper Submission:

Submit the original and two hard copies of your application by mail or express delivery service to the following address:

Technical Information Management- AA083
CDC Procurement and Grants Office
U.S. Department of Health and Human Services
2920 Brandywine Road
Atlanta, GA 30341

V. Application Review Information

V.1. Criteria

Applicants must provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. Applicants must submit these measures of effectiveness with the application, and they will be an element of evaluation.

We will evaluate your application against the following criteria to determine its technical acceptability:

1. Technical Approach (25 points)

Does the applicant's proposal include an overall design strategy, including measurable time lines?

Does the proposal address regular monitoring and evaluation, and the potential effectiveness of the proposed activities in meeting the objectives?

Does the applicant have a commitment to train both public and private health care workers in local languages?

2. Understanding of the Problem (20 points)

Does the applicant demonstrate a clear and concise understanding of the nature of the problem described in the Purpose section of this announcement? Does the proposal specifically include a description of the public health importance of the planned activities to be undertaken and realistic presentation of proposed objectives and projects? Does the applicant display knowledge of the five-year strategy and goals of the President's Emergency Plan, such that it can build on these to develop a comprehensive project and meet the goals of the Emergency Plan?

3. Ability to Carry Out the Project (20 points)

Does the applicant document demonstrated capability to achieve the purpose of the project, including the ability to train staff in local languages?

4. Personnel (20 points)

Are the professional personnel involved in this project qualified, including evidence of experience in working with HIV/AIDS and TB screening, treatment and surveillance?

5. Plans for Administration and Management of Projects (15 points)

Are there adequate plans for administering the project and adequate financial controls to account for the finances covered under this cooperative agreement? Does the applicant have transparent and competitive procedures for performing and procurement necessary under this project?

6. Budget (not scored)

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities?

V.2. Review and Selection Process

The HHS/CDC Procurement and Grants Office (PGO) staff will review applications for completeness, and HHS Global AIDS program will review them for responsiveness. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will receive notification that their application did not meet submission requirements.

A review panel will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above. The panel may include both Federal and non-Federal participants.

V.3. Anticipated Announcement and Award Dates

September 15, 2005

VI. Award Administration Information

VI.1. Award Notices

Successful applicants will receive a Notice of Award (NoA) from the HHS/CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and HHS/CDC. An authorized Grants Management

Officer will sign the NoA will be signed by an authorized Grants Management Officer, and mail it to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

VI.2. Administrative and National Policy Requirements

45 CFR Part 74 and Part 92

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-6 Patient Care
- AR-8 Public Health System Reporting Requirements
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements

Applicants can find additional information on the requirements on the HHS/CDC Web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/ARs.htm>.

You need to include an additional Certifications form from the PHS5161-1 application needs to be included in the Grants.gov electronic submission only. Please refer to <http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>. Once you have filled out the form, it should be attached to the Grants.gov submission as Other Attachments Form.

VI.3. Reporting Requirements

You must provide HHS/CDC with an original, plus two hard copies of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
 - a. Current Budget Period Activities Objectives.
 - b. Current Budget Period Financial Progress.
 - c. New Budget Period Program Proposed Activity Objectives.

d. Budget.

e. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for Tanzania.

f. Additional Requested Information.

2. Annual progress report and financial status report, due 90 days after the end of the budget period.

3. Final financial and performance reports, no more than 90 days after the end of the project period.

Recipients must mail these reports to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

VII. Agency Contacts

We encourage inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section

CDC Procurement and Grants Office

U.S. Department of Health and Human Services

2920 Brandywine Road

Atlanta, GA 30341

Telephone: 770-488-2700

For program technical assistance, contact:

Cecil Threat, Project Officer

Global AIDS Program

c/o American Embassy

2140 Dar es Salaam Place

Washington, DC 20521-2140

Telephone: 255 22 212 1407

Cell: 255 744 222986

Fax: 255 22 212 1462

E-mail: Cthreat@cdc.gov

For financial, grants management, or budget assistance,
contact:

Diane Flournoy, Grants Management Specialist

CDC Procurement and Grants Office

U.S. Department of Health and Human Services

2920 Brandywine Road

Atlanta, GA 30341

Telephone: 770-488-2072

E-mail: Dflournoy@cdc.gov

VIII. Other Information

Applicants can find this and other HHS/CDC funding
opportunity announcements on the HHS/CDC web site, Internet
address: www.cdc.gov (Click on "Funding" then "Grants and

Cooperative Agreements"), and on the web site of the HHS
Office of Global Health Affairs, Internet address:
www.globalhealth.gov.

Dated:

William P. Nichols, MPA

Director

Procurement and Grants Office

Centers for Disease Control

and Prevention

U.S. Department of Health and

Human Services